

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/582385

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3			<del>1</del>	<del>1</del>		
4				1		
5				1		
6				1		
7				1		
8			1			
9				1		
10				1		
11			1			
12				1		
13				1		
14				1		
15				1		
16				2		
17			1			
18				1		
19				1		
20				1		
21				1		
22				1		
23				1		
24				1		
25				8		
26				1		
27				1		
28			1			
29				1		
30				1		
31				1		
32				1		
33				1		
34			<del>1</del>	<del>1</del>		
35			<del>1</del>	<del>1</del>		
36			<del>1</del>	<del>1</del>		
37			<del>1</del>	<del>1</del>		
38			<del>1</del>	<del>1</del>		
39			<del>1</del>	<del>1</del>		
40			1	1		
41			1			
42			<del>1</del>	<del>1</del>		
43			<del>1</del>	<del>1</del>		
44			<del>1</del>	<del>1</del>		
45				1		
46				1		
47				2		
48			1			
49				1		
50						
TOTAL IND.		↓	7	↓		↓
TOTAL DEP.		←	40	←		←
TOTAL CLAIMS			47			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						